# \*CNIPS Application SFSP Renewal Private Non-Profit Sponsors

2014



KENTUCKY DEPARTMENT OF

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#### **Select Program Year**

12010 Status: Active

#### **Evergreen Forest Community Action Council**

DBA:

100 Shady Lane

Murray, KY 42071

Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit

Currently, there are 2 Program Year(s) available. Select the year you wish to access.

Date Range	Application Packet
10/01/2013 - 09/30/2014	Not Started
10/01/2012 - 09/30/2013	Application Packet on File
	10/01/2013 - 09/30/2014

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# SFSP Sponsor Application Packet Sequence 1. Sponsor Application 2. Management Plan 3. Food Production Facility 4. Site Application 5. Budget Detail 6. Checklist • Ensure all site and sponsor checklist items are completed. **SUBMIT FOR APPROVAL** Sponsor will receive email upon approval by SCN 7. Site Field Trip List (if applicable) Must email SCN consultant for review and approval once site field trips are completed

# **Summer Food Service Program**

Search

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Program Year: 2013 - 2014

#### 2013 - 2014 Application Packet

12010 Status: Active

#### **Evergreen Forest Community Action Council**

DBA:

100 Shady Lane Murray, KY 42071

Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit Packet Submitted Date: Packet Approved Date: Packet Original Approval Date:

Packet Status: Not Submitted

			Packet Assigned To: unassigned
Action	Form Name	Latest Version	Status
View   Modify	Sponsor Application	Original	Pending Validation
Add	Budget Detail		
Details	Management Plan	Original	Pending Validation
Details	Food Production Facility List (2)		
Details	Site Field Trip List		
Details	Checklist Summary		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

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Submit for Approval

Withdraw Packet

Show Packet History

Sui	Summer Food Service Program Contact					
		Salutation	First Name	Last Name		
10.	Name:	Mrs. 💙	Jane	Doe		
11.	Email Address: 🗐	J.Doe@CAC.or	9			
12.	Phone:	(502) 555-12	11 Ext:	Fax: (502) 555-1212		
13.	Title:	SFSP Program	Director			
14.	☐ This person atter	nded current pro	gram year's SCN training.	Date Training Completed:		
Pri	mary Authorized Rep	presentative				
	Same as the Sum	mer Food Service	Program Contact		_	
		Salutation	First Name	Last Name		
15.	Name:	Mrs. ~	Jane	Doe		
16.	Date of Birth:	11/07/1966	(mm/dd/yyyy)			
17.	Email Address: 🏥	J.Doe@CAC.or	9			
18.	Phone:	(502) 555-12	11 Ext:	Fax: (502) 555-1212		
19.	Title:	SFSP Program	Director			
Mai	ling Address					
	Same as the Spons	or Mailing Addre	SS			
20.	Address Line 1:	100 Shady Lan	e			
	Address Line 2:					
21.	City:	Murray				
22.	State:	KY Zip	42071			
23. Tra						
	ming Attendance					

#### Training Attendance 24. If neither the Summer Food Service Program Contact nor the Primary Authorized Representative attended the current program year's SCN training, provide the name of the supervisory person who attended the training. Person Who Attended: ✨ 25. Date Training Completed: **General Questions** 26. Does your agency provide year round public services to the community(ies) Yes O No other than operating the SFSP? If No, which of the following circumstance applies? If Other, please describe. 27. Indicate meal count procedures Count each complete meal as it is served (Check all that apply) Other Students get name checked off Outreach 28. Will the prototype Public Release provided by SCN be used? Yes O No

Cer	tific	ation				
29.		I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.				
		I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.				
On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations gover the Child Nutrition Programs administered by the state agency. In accordance with Federal law and U.S Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, nation origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct that records are available to support these claims.						
Crea	Created By: scnsponsorcw on: 2/28/2014 10:07:44 AM					
		Save				
		VIEW   MODIFY   DELETE				



Security Search

KENTUCKY DEPARTMENT OF EDUCATION

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Claims

Program Year: 2013 - 2014

Log Out

#### 2013 - 2014 Application Packet

12010 Status: Active

#### **Evergreen Forest Community Action Council**

Compliance

DBA:

100 Shady Lane Murray, KY 42071

Applications

Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Packet Submitted Date: Packet Approved Date: Packet Original Approval Date:

Packet Status: Not Submitted

Year Help

### Management Plan

			Packet Assigned To: unassigned
Action	Form Name	Latest Version	Status
View   Modify	Sponsor Application	Original	Pending Validation
Add	→ Budget Detail		
Details	→ Management Plan	Original	Pending Validation
Details	Food Production Facility List (2)		
Details	Site Field Trip List		
Details	Checklist Summary		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

< Back

Submit for Approval

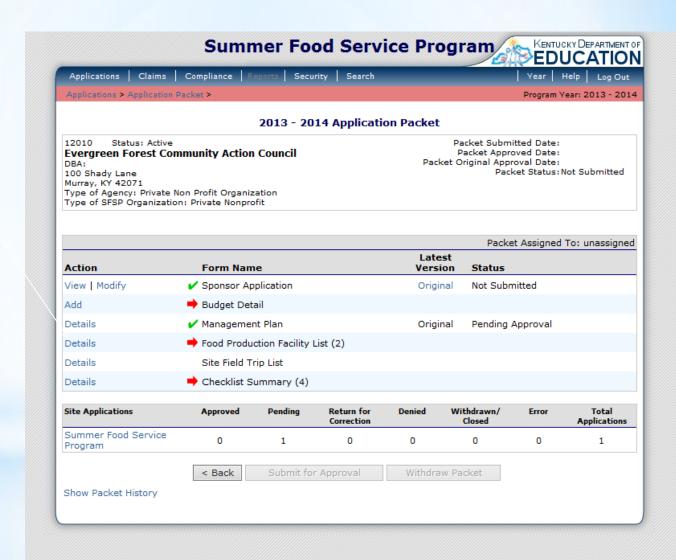
Withdraw Packet

Show Packet History

#### KENTUCKY DEPARTMENT OF Summer Food Service Program Compliance Reports Security Search Applications Claims Year Applications > Application Packet > VIEW | MODIFY | DELETE 2013 - 2014 SFSP Management Plan 12010 Status: Active **Evergreen Forest Community Action Council** DBA: 100 Shady Lane Murray, KY 42071 Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit Management Plan Version: Original **Board Chairman** (Required for Private Non-profit Organizations) Salutation First Name Last Name Dr. Ellyn Jones Name: Date of Birth: 05/10/1962 (mm/dd/vvvv) CAC Executive Director Title: Email Address: E.Jones@CAC.org (502) 255-1212 (502) 255-1213 Phone: Ext: Fax: Home Address Address Line 1: 100 Sycamore Lane Address Line 2: City: Murray 42071 State: Zip:

Name:	Position title:	
Has this person attended the mandatory SFSP traini	ing provided by SCN this prog	ram year? Yes No
If this is a returning Sponsor, is this person perform year?	ning the same function in SFS	Pas last Yes No N/A
Name:	Position title:	
Has this person attended the mandatory SFSP traini		ram year? O Yes O No
If this is a returning Sponsor, is this person perform		
year?		
Name:	Position title:	
Has this person attended the mandatory SFSP traini		
If this is a returning Sponsor, is this person perform year?	ning the same function in SFSI	as last Tes O NO O N/A
Name:	Position title:	
Has this person attended the mandatory SFSP traini	ng provided by SCN this prog	ram year? O Yes O No
If this is a returning Sponsor, is this person perform year?	ning the same function in SFSI	Pas last Yes No N/A
Name:	Position title:	
Has this person attended the mandatory SFSP traini	-	ram year? O Yes O No
If this is a returning Sponsor, is this person perform		
year?		
Administrative Personnel		
		Training Date
Duties performed	Number of personnel in this position	(Do NOT list training provided by SCN)
Overall Management		
Claims Preparation		
Accounting		
Training/Monitoring		
Training/Monitoring		
Training/Monitoring		
		Training Date
Operational Personnel	Number of personnel	Training Date (Do NOT list training
Operational Personnel  Duties performed	Number of personnel in this position	Training Date (Do NOT list training provided by SCN)
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Operational Personnel Duties performed	Number of personnel in this position	(Do NOT list training
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Operational Personnel  Duties performed  Site Supervisor	Number of personnel in this position	(Do NOT list training
Departional Personnel  Duties performed  Site Supervisor  Volunteer(s)	Number of personnel in this position	(Do NOT list training
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan	in this position	(Do NOT list training provided by SCN)
Departional Personnel  Duties performed  Site Supervisor  Volunteer(s)	in this position	(Do NOT list training provided by SCN)
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan	in this position	(Do NOT list training provided by SCN)
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan  Have you developed a system to ensure all require	in this position	(Do NOT list training provided by SCN)
Departional Personnel  Duties performed  Site Supervisor  Volunteer(s)  Sponsor Monitoring Plan	in this position	(Do NOT list training provided by SCN)
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan  Have you developed a system to ensure all require	in this position	(Do NOT list training provided by SCN)
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan  Have you developed a system to ensure all require	ed monitoring visits will be co	(Do NOT list training provided by SCN)
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan  Have you developed a system to ensure all require	in this position	(Do NOT list training provided by SCN)
Site Supervisor Volunteer(s)  Sponsor Monitoring Plan  Have you developed a system to ensure all require	ed monitoring visits will be co	(Do NOT list training provided by SCN)

# 3. Food Production Facility



# Click on The Food Facility You Will Be Using



Summer Food Service Program KENTUCKY DEPARTMENT OF EDUCATION					
Α	pplications   Claims   Comp	liance Reports Security Search	Year   Help   Log Out		
Ар	plications > Application Packet >	Food Production Facility List >	Program Year: 2013 - 2014		
			VIEW   MODIFY   DELETE		
		Food Production Facility			
DB 10 Mu Typ Typ	O10 Status: Active ergreen Forest Communit A: Shady Lane rray, KY 42071 se of Agency: Private Non Prof se of SFSP Organization: Priva od Production Facility Inf	it Organization te Nonprofit			
1.	Food Preparation Type:	Central Kitchen			
2.	Facility Name:	Evergreen Forest Central Kitchen			
Fa	cility Address				
з.	Address Line 1:	101 Shady Lane			
	Address Line 2:				
4.	City:	Murray			
	City: State:	Murray  KY Zip: 42074			
5.	*				
4. 5. <b>Fa</b> 6.	State:				
5. <b>Fa</b> 6.	State:	KY Zip: 42074  Salutation First Name Last Name			
5. <b>Fa</b>	State: cility Contact  Name:	Salutation First Name Last Name Luck			

	Vended Facility Information
	<ol> <li>If vended by a School Food Authority (SFA) or another SFSP Sponsor, enter SFA/Sponsor name. If vended by an entity other than an SFA or another SFSP Sponsor, enter the entity's name.</li> </ol>
	11. If meals will be vended, indicate whether the Sponsor is using SCN-provided contract/agreement forms, approved alternate form or is exempt from competitive bidding and will use a simple written agreement.
	O I will be using SCN's Invitation For Bid and contract (FNS 688)
1.6	<ul> <li>I am exempt from competitive bidding and will use a simple written agreement</li> </ul>
l†	O I have received SCN approval to use an alternate form
landad	12. Is the Sponsor extending the Food Service Management Company (FSMC) contract for which it went out for bid?
√ended	○Yes
	○ No
	○ N/A
	13. Contract Start Date:
	14. Contract End Date:
	15. Number of renewal years specified in the contract:
	16. Current extension number:
	Created By: scnsponsorcw on: 2/28/2014 10:07:44 AM
	Save Cancel



Site application

Show Packet History

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1
	< Back	Submit fo	r Approval	Withdra	aw Packet		

#### **Summer Food Service Program**

KENTUCKY DEPARTMENT OF

Claims Compliance Repo Security Search Applications Year Help Applications > Application Packet > Packet Site List - SFSP > Program Year: 2013 - 2014 VIEW | MODIFY | DELETE **SFSP Site Application** For School Year: 2013 - 2014 12010 Status: Active 1000 Status: Active Evergreen Forest Community Action Council EVERGREEN FOREST CAC 101 Shady Lane Murray, KY 42071 100 Shady Lane Murray, KY 42071 Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit Version: Original Physical Address 101 Shady Lane Address Line 1: Address Line 2: Murray City: KY 42071 3. State: Zip: CALLOWAY COUNTY (018) County: Nearest cross street: | Chestnut Street Mailing Address Same as the Physical Address Address Line 1: 101 Shady Lane Address Line 2: Murray 7. City: KY 42071 State: Zip: Sponsor Contact for this Site Salutation First Name Last Name Mrs. Sara Smith Name: 10. Email Address: 🚉 S.Smith@CAC.org (502) 555-1213 (502) 555-1234 11. Phone: Fax: 12. Title: Director AIMS I and II

Sit	Site Supervisor	
	☐ Same as the Sponsor Contact for this Site	
	Salutation First Nar	me Last Name
13.	3. Name: Mrs. Y	Smith
14.	4. Email Address: 🗐 S.Smith@CAC.org	
15.	.5. Phone: (502) 555-1213 Ex	kt: Fax: (502) 555-1234
16.	6. Title: Site Supervisor I	
Gei	General Site Information	
17.	17. Operation Dates: Start:	End:
18.	.8. Enter the number of days the Site will operate	e each month:
	OCT         NOV         DEC         JAN         FEB           2013         2013         2013         2014         2014           0         0         0         0         0         0	0 0 0 0 0 0
19.	19. Check meal type(s) to be served at this site:	
		✓ Lunch □ PM Snack □ Supper
	20. Has the site ever participated in the Summer	Food Service Program under this Sponsor?    Yes   No
21.	21. Geographic Location: Rural	
Site	Site Eligibility	
22.	22. Is this site a licensed child care facility?	○ Yes ○ No
23.	23. Is this site open only to enrolled summer scho	ool students who receive academic credit? Yes No
24.	24. Did this site operate last year?	○ Yes ○ No
	If No, enter pre-operational site visit date belo	low.
25.	25. Did this site have serious deficiency findings of program year?	or significant operational deficiencies last Yes No N/A
	If Yes, enter pre-operational site visit date be	elow.
26.	26. Date of the Sponsor's pre-operational site visit	sit, if applicable.
27.	27. Do you know of another Summer Food Service feeding site within one-fourth mile?	ce Program or Seamless Summer Option Yes No
	List the name of the Sponsor and the name of If the site is under your sponsorship, you may	
	The site within one-fourth mile is under m	ny sponsorship: Yes No
	Sponsor Name:	
	Site Name:	
	Explain how the two or more sites will not service.	rve the same group of children for the same type of meal
		^
		~

ite Ty	pe							
3. Site	e Type:	Open			~			
Rea	ason for op	erating	a Restricted (	Open or Closed Er	nrolled Site:			
						^		
						~		
) Flia	jibility Meth	od: Sc	hool Data		1			
				school district sol	ool name, and the	number of	free and	reduced-price eligible
				aw its attendance		number or	iree and	reduced price eligible
	School D	strict:	Murray					
	School Na	ame:	Murray High	School				
	Percentag	ge of Enr	rollment Eligib	le for Free and R	educed-price Meals	: 55.00	9	6
	Program	Year of	School Data:	2012 - 2013	3 🗸			
						~		
Pro	vide the fo	llowing	Census inforn	nation:				
	Block Nu	mber:						
	Group Nu	mber:						
	Percenta Children:		edy	%				
. Prir	mary servi	ce provi	ded by this sit	te: Recreation	~			
Des	scribe the	Other se	rvice provide	d:				
. Clo	sed Enrolle	ed Site in	nformation:					
	Projected	Numbe	r of Enrolled (	Children:				
	Projected price mea		r of Enrolled (	Children who are	eligible to receive f	ree or redu	ced-	
	Percenta	e of Enr	rollment Fligib	le for Free and R	educed-price Meals			0 9

Site Operation	
32. Indicate your system for serving meals to attending children:	
Cafeteria Style	
✓ Unitized meal	
Family Style (for Closed Enrolled and Camp sites only)	
Offer vs. Serve	
Other (provide explanation)	
^	
$\sim$	
33. Describe the method used for making adjustments in the daily number of meals the number of children attending:  Meal counts are taken and adjusted daily after a call is made to the kitchen.	delivered in accordance with
~	
34. Is this a mobile site?	Yes      No
If yes, what is the total number of stops, including this site?	
35. Indicate how the site supervisor will communicate the number of meals that will l	
Site Staff will communicate dispaths with the production facility or yander V	pe needed for the following day:
Site Staff will communicate directly with the production facility or vendor 🗸	oe needed for the following day:

Breakfast
B1. Meal Serving Dates (non-camp only):  Same as the Site Start:  End:
B2. Enter the number of days the meal will be served each month:   Same as the Site  OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP
2013 2013 2014 2014 2014 2014 2014 2014 2014 2014
B3. Days served:  Mon-Fri Sun Mon Tue Wed Thu Fri Sat
B4. Meal Times: Start: 7 AM V:00 V End: 8 AM V:00 V
B5. Meal Service Method: Self-Prep - Receives meals (Central Kitchen)
B6. Menu Planning Option: SFSP Menu Pattern V
B7. Average Daily Participation (non-camp only):
B8. Maximum number of meals that may be served (state use only): 125
B9. Indicate your plan for the receipt and storage of meals before serving to children:
Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.
Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.
B10. Indicate your plan for the storage or disposal of leftover meals or components:
Throw away at the site
B11. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):
Serve indoors 🗸
Describe the Other plan:

Me	al Time Exception							
37.	37. Provide explanation if any meal times will extend beyond the times indicated above in each meal section.							
	^							
Spe	ecial Meal Pattern and Dietary Needs							
39.	Will this site be serving children under age 1 year (infants 0 to 12 months)? ○ Yes ● No							
Foo	Food Production Facility							
40.	40. If meals served at this site are prepared at another facility, identify the name of where meals are prepared. A Food Production Facility form, provided on the Application Packet screen, must be completed to populate the following fields.							
	Facility 1: Evergreen Forest Central Kitchen							
	Facility 2:							
Foo	Food Safety and Sanitation							
41.	41. Describe how your Sponsor will deliver and hold meals until the time of meal service according to the standards prescribed by state and local health department:							
	The school cafeteria holds meals in accordance with food state and federal guidelines.							

Out	reach
	Indicate below the date(s) that outreach will be conducted and list advertisement methods you plan to use.
12.	Advertisement Date(s):
3.	Advertisement Method:
	Newspaper announcement/press release
	☐ TV/Radio
	Flyers - neighborhood
	Flyers - school
	Posters and signs
	☐ Sponsor Website
	☐ School newspaper
	Other
1.	Sponsor Comments:
er	tification
5.	I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.  I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.  On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing
rea	the School and Nutrition programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.  ted By: scnsponsorcw on: 2/28/2014 10:07:44 AM
	Save Cancel

#### OOPS I Did it AGAIN!



# Summer Food Service Program



Applications > Application Packet >

Program Year: 2013 - 2014

#### 2013 - 2014 Application Packet

12010 Status: Active

**Evergreen Forest Community Action Council** 

100 Shady Lane Murray, KY 42071

Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit

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Packet Submitted Date: Packet Approved Date: Packet Original Approval Date:

Packet Status: Not Submitted

# Budget Detail

			Packet Assigned To: unassign			
Action	Form Name	Latest Version	Status			
View   Modify	Sponsor Application	Original	Not Submitted			
Add	Budget Detail					
Details	✓ Management Plan	Original	Pending Approval			
Details	✓ Food Production Facility List (2)					
Details	Site Field Trip List					
Details	Checklist Summary (6)					

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

Withdraw Packet

Submit for Approval

Show Packet History

**Operating Reimbursement** 

Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	1	1,050	\$3,297.00
Snack	0	0	\$0.00
Supper	1	1,050	\$3,297.00
		Sub Total	\$6,594.00

Sub Total

#### **Administrative Reimbursement**

Meal	Sites	Total Meals	Total
Breakfast	0	0	\$0.00
Lunch	1	1,050	\$346.50
Snack	0	0	\$0.00
Supper	1	1,050	\$346.50
		Sub Total	\$693.00

Projected Operating Costs				
Food for all vended and self-prep me	eals:		\$	4,000.00
Non Food Supplies:			\$	1,000.00
Operational Personnel:			\$	0.00
Fringe Benefits:			\$	0.00
Facility and Utility:			\$	0.00
Equipment Rental:			\$	0.00
Transportation:	Rate per mile:	0.00	\$	0.00
Other:			\$	0.00
Projected Administrative Cost	s			
Administrative Personnel:				
Administrative Personner.			\$	1,000.00
			\$	1,000.00
Fringe Benefits:				0.00
Fringe Benefits: Office Expense:			\$	0.00
Fringe Benefits: Office Expense: Facility and Utility:	Rate per mile:	0.00	\$	
Fringe Benefits: Office Expense: Facility and Utility: Transportation: Other:	Rate per mile:	0.00	\$ \$	0.00 0.00 0.00

	\$6,000.00
Total SFSP Reimbursement	\$7,287.00
Excess SFSP revenue amount from the prior program year or previous participation in SFSP	\$ 1,000.00
Amount from other funding resources (e.g. grant, donations)	\$ 0.00
Other funding resources	

Adult Meal Information		
Will meals be served to non-program adults?	O Yes	○ No
Will meals be provided at no cost to non-program adults?	○ Yes	○ No
Misc.		
Identify how excess funds will be used:		
☐ Used to improve the meal service or other aspects of the SFSP		
☐ Kept for next year's SFSP operations		
Pay for allowable costs of the other child nutrition programs		
Is there a rental agreement, lease, or contract associated for any of the non-food costs listed above?	O Yes	○ No
Created By: scnsponsorcw on: 3/4/2014 1:35:44 PM Modified By: scnsponsorcw on: 3/4/2014	1:35:45 PM	
Save		
		VIEW   MODIFY   DELETE

# **Summer Food Service Program**

KENTUCKY DEPARTMENT OF

Applications

Claims Compliance Reports

Security

Search

Applications > Application Packet >

Program Year: 2013 - 2014

#### 2013 - 2014 Application Packet

12010 Status: Active

**Evergreen Forest Community Action Council** 

100 Shady Lane

Murray, KY 42071

Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit

Packet Submitted Date: Packet Approved Date: Packet Original Approval Date:

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			Packet Assigned To: unassigned
Action	Form Name	Latest Version	Status
View   Modify	Sponsor Application	Original	Not Submitted
View   Modify	✓ Budget Detail	Original	Pending Approval
Details	Management Plan	Original	Pending Approval
Details	✓ Food Production Facility List (2)		
Details	Site Field Trip List		
Details	Checklist Summary (6)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	1	0	0	0	0	1

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Submit for Approval

Withdraw Packet

Show Packet History

6.Checklist



#### SFSP Checklist

12010 Status: Active

#### **Evergreen Forest Community Action Council**

DBA:

100 Shady Lane Murray, KY 42071

Type of Agency: Private Non Profit Organization Type of SFSP Organization: Private Nonprofit

Required Forms/Documents to send to SCN	Document Submitted to SCN	Date Submitted to SCN	Document on File w/SCN	Status	Status Date	Last Updated By
VCA/Certification	<b>(</b>	05/13/2013	<b>✓</b>	Approved	05/22/2013	cgallagher
Civil rights compliance	<b>(</b>	05/13/2013	✓	Approved	05/24/2013	cgallagher
Free and Reduced Price Policy Statement	<b>(</b>	05/13/2013	<b>✓</b>	Approved	05/22/2013	cgallagher
Food Service Management Contract	<u></u>	05/23/2013	✓	Approved	05/24/2013	cgallagher
Statement of Authority	<b>(</b>	04/09/2013	✓	Approved	05/22/2013	cgallagher
Training Agenda	<u> </u>	04/09/2013	<b>✓</b>	Approved	05/22/2013	cgallagher

#### Kentucky Department of Education

#### Summer Food Service Program

Viability, Capability and Accountability (VCA) Checklist

(All Private Non-Profit Organizations Must Complete)

The Kentucky Department of Education, School and Community Nutrition (SCN) requires all private non-profit organizations sponsoring the Summer Food Service Program (SFSP) with SCN to complete the SFSP Viability, Capability and Accountability (VCA) Checklist. VCA is a requirement per the SFSP regulations found in 7 Code of Federal Regulations (CFR) 225. The term "contracting entity", as referenced in this document pertains to a sponsor of the SFSP. The term "Program" in this checklist is defined as the SFSP. If necessary, updates to this VCA must be made yearly, or as necessity dictates.

Contracting entities must submit all required documents contained in this checklist. This checklist and all supporting documentation will be reviewed to determine an organization's financial and administrative capability and viability to participate in the SFSP. Ensure that all supporting documentation and any additional pages submitted include the name of the contracting entity (CE) and CNIPS Number (if known).

Read the following information carefully. Answer all questions completely. While the information in this checklist will assist in determining an organization's participation, it does not complete the application process or guarantee approval for Program participation.

□ I certify that the VCA on file with SCN is current and up to date.

Signature of Authorized Individual

Section I - Contracting Entity Information

# Civil Rights Compliance

#### Kentucky Department of Education School and Community Nutrition

# SUMMER FOOD SERVICE PROGRAM FOR CHILDREN PRE-AWARD NONDISCRIMINATION COMPLIANCE REVIEW FORM

CNIPS Number: Name and Address of Sponsor:			8 p	Completion of the form is required by FNS Instruction 113- 8 issued by the U.S. Department of Agriculture in order to participate in the Summer Food Service Program for Children.				
			Please An	swer the Follo	owing Qu	estions:		
ı. Estima	ated Daily M	eal Parti	cipation	bv Ethnic/R	ace Gro	up (Do not list pe	rcentages):	
Hispanic or Latino		ETHNIC TOTAL	White	Black or African American	Asian	American Indian or Alaskan Native		RACE TOTAL
Ch □ Pro the sp □ Ma	eck each are ominently dis onsor's office lke reasonab	ea in whice splay the e le effort:	ch the Or USDA no s to provi	ganization is ondiscriminated	s compli ation pos on in the	nstruction 113-1 iant: ster "And Justice appropriate tran	For All" at site	(s) and
☐ Ma ☐ En race, c ☐ Inc	olor, nationa lude the non es and in any	informat children l Il origin, : -discrim	ion availa nave equ sex, age ination st	able to the p al access to or disability atement, an	ublic upo service d instruc	on request is and facilities a ctions for filing a ents of participan	complaint, in p	
Signature of S Date Signed	ponsor Represe	ntative						

# **Policy Statements**

#### Camps and Closed Enrolled Sites

Please read and fully complete **either** Form A (If Your Program Charges for Meals) **OR** Form B (If All Participants Receive a Meal at No Charge) for your sponsor organization. Form may be signed electronically and uploaded.

#### Open Sites

Please ready and fully complete Form C. Form may be signed electronically and uploaded.

# Training Agenda

Summer	Enord	Service	Program	(SESD)

(Sponsor Name Here)

SFSP Staff Training Agenda and Sign-in Sheet



(Date)

#### **Agenda**

(List the items to be discussed during the training – Be sure to include Civil Rights)

#### Staff Sign-in

Printed Name	Signature	Site Name	Time	Time		
			Arrived	Left		
☐ I certify that the above	□ I certify that the above attendees were trained in the aspects listed above as required for					

$\Box$ I certify that the above attendees were trained in the aspects lis	ted above as require
participation in the SFSP on, 201	
(Signature of Trainer)	

# Site Checklist-ALL

Required Forms/Documents to send to SCN	Document Submitted to SCN	Date Submitted to SCN	Document on File w/SCN	Status	Status Date	Last Updated By
Health Department Notification Letters	✓	04/30/2013		Approved	05/14/2013	jlangfels
Media Release	✓	04/30/2013		Approved	05/14/2013	jlangfels

Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	Media Release		5/13/2013 5:46:03 PM
View   Modify	Health Department Notification Letters		5/13/2013 5:45:53 PM



#### Media Release

Attachment 12

#### Sample News Release Open Sites

The	(name of sponsor)	is participating in the
Summer Fo	od Service Program. Meals wi	ll be provided to all children without
charge and a	re the same for all children rega	rdless of race, color, national origin,
sex, age or	disability, and there will be no	discrimination in the course of the
meal service	. Meals will be provided at th	e sites and times as follows: [list all
sites and the	starting and ending times of r	neal service for each site]

{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}

To file a complaint of discrimination, write or call immediately to:

USDA Director, Office of Adjudication

1400 Independence Avenue, SW Washington, D.C. 20250-9410

Call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

#### Attachment 12, Continued

#### Sample News Release Enrolled Sites and Camps

The (name of sponsor) is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential or non-residential camp, children must meet the income guidelines for reduced-price meals in the National School Lunch Program. The income guidelines for reduced-price meals by family size are listed on the next page.) Children who are part of households that receive Supplemental Nutrition Assistance Program (SNAP, formerly foods stamps) benefits, or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

Acceptance and participation requirements for the Program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows: [list all sites and the starting and ending times of meal service for each site]

{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}
{Site Name}	{Site Address}	{Dates of Operation/Days}	{Times of Service}

To file a complaint of discrimination, write or call immediately to:

USDA Director, Office of Adjudication 1400 Independence Avenue, SW Washington, D.C. 20250-9410

Call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

#### **Health Department Notification**

{YOUR LETTERHEAD HERE} {Sponsor Name} {Street} {City, State Zip Code} {Date} {Health Department Contact, Title} {Name of Health Department} {Street Address} {City, State Zip Code} Dear {Health Department Contact}: We would like to inform you of our intention to sponsor the 2014 Summer Food Service Program (SFSP), This program is administered by the Kentucky Department of Education, School and Community Nutrition. SFSP regulations require that the local health department be notified of our intention in this regard as well as the information listed below. Meal service(s) will be at the following site(s): {Dates of Operation/Days} {Times of Service} {Site Name} {Site Address} {Site Address} {Site Name} {Dates of Operation/Days} {Times of Service} {Site Address} {Dates of Operation/Days} {Times of Service} {Site Name} {Dates of Operation/Days} {Times of Service} {Site Name} {Site Address} Meals for the above site(s) are prepared at {list a central location, or if prepared at the site, state "at the respective site(s)"}. If you have any questions, please contact {Sponsor Contact} at {Sponsor Contact Number}. Sincerely, {Contact person, Title} {Sponsor Name} {Your Consultant}, Kentucky Department of Education {Optional}, {Optional}

race, color, national origin, age, disability, sex, gender identity, reinjoin, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at

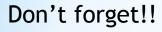
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of

If you wish to file a Civil Rights program complaint of discrimination, complete the UBDA Program Discrimination Complaint Form, found online at http://www.acor.ucda.gov/o-omplaint\_filing\_out\_html, or at any UBDA office, or call (866) \$25992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint from or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 independence Avenue, 8.W., Washington, D.C. 20250-9410, by fax (202) 890-7442 or email at program.infalke@usda.gov.individuals who are deaf, hard of hearing or have speech disabilities may contact UBDA through the Federal Relay Service at (800) 877-8339; or (800) 454-5136 (80enish.)UBDA is an equal opportunity provider and employer.

J	Mohile	Route	Site	Name:
	טווטטו	nooto	DILD	mumo.

Name of Mobile Route is the same as the first site stop on route\*

Stop (Name/) Address	Food Svc. Times at stop	Days of week served	Qualifying Data
•			





\*Thank you!